

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						<div style="display: flex; justify-content: space-between;"> 097763348 FILING DATE </div>	
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	
3						53	
4						54	
5						55	
6						56	
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42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL						TOTAL	
IND.						IND.	
DEP.						DEP.	
TOTAL						TOTAL	
CLAIMS						CLAIMS	

BEST AVAILABLE COPY